

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	20	12/12/17	ARIRANG
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	2:15P	5:02P
Investigation			B	SANITARY PERMIT NO.	LOCATION (Address)
Other:				170002841	MICRONESIAN MALL FOOD WHF UNIT LOT 5047-1-2 NEW 3 5013-3 NEW
ESTABLISHMENT TYPE				AREA	TELEPHONE
STALL STAND				1	633-6666
				No. of Risk Factor/Intervention Violations	2
				No. of Repeat Risk Factor/Intervention Violations	0
				RISK CATEGORY	
				3	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness, policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
Chemical						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30	X		Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled: original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38	X		Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47	X		Hot & cold water available, adequate pressure			2
48	X		Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) LOURDES D. PARAS ldparas

DEH Inspector (Print and Sign) J. GARCIA EPH01 - T. SHIMIZU EPH015

Date: 12/12/17

Follow-up (Circle one): YES NO

Follow-up Date: 12/22/17

D. MITCHELL EPH0117

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME

ARIRANG

LOCATION (Address)

MICHA MALL FOOD COURT UNIT C 210
LOT 5047-1-2 MAY 3 5013-3 NEW

INSPECTION DATE

12.12.17

SANITARY PERMIT NO.

70002841

PERMIT HOLDER

WINSTAR, INC

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
CHICKEN / 4 DOOR CHILLER	42.5	FRIED RICE / WARMER	144
RAW SHELLED EGGS / 4 DOOR CHILLER	54.5	CHAP CHAE WARMER	144
FISH / 4 DOOR CHILLER	52	FISH WARMER	146.5 156.5
PORK / 4 DOOR CHILLER	48.5	ORANGE CHICKEN WARMER	144.5
MARINATED BEEF / 4 DOOR CHILLER	48		
FRIED FISH WARMER	142.5		
SPICY BULLDOG WARMER	142		
BRO CHICKEN WARMER	141.5		
WHITE RICE WARMER	143		
RED RICE WARMER	146.5		

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

CORRECT
BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A REGULAR ~~6~~¹⁵ INSPECTION WAS CONDUCTED BASED ON A COMPLAINT
ON # 18-021A REGARDING BUGS FOUND IN FOOD.

THE COMPLAINT WAS UNSUBSTANTIATED. NO EVIDENCE OF BUGS
WERE FOUND IN FOOD OR THE ESTABLISHMENT DURING THE TIME OF
THE INSPECTION. PREVIOUS INSPECTION CONDUCTED ON 7/10/17 (A)

THE FOLLOWING VIOLATIONS WERE OBSERVED:

8 THE HANDWASHING SINK IN KITCHEN DOES NOT HAVE HOT WATER;
AND IS NOT ACCESSIBLE
ALL HAND SINKS SHALL HAVE HOT WATER AND BE EASILY
ACCESSIBLE TO PROMOTE PROPER HANDWASHING PRACTICES.

12/22/17

14 DISCOLORATION THROUGHOUT CUTTING BOARDS IN THE KITCHEN.
ALL FOOD CONTACT SURFACES SHALL BE FREE OF DISCOLORATION TO
PREVENT CONTAMINATION OF FOOD.

12/22/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

LOURDES D. PARAS *ldparas*

Date:

12/18/17

DEH Inspector (Print and Sign)

Deron Mitchell *Epho=H*

T. SHIMIZU

PHOT

J. LARCIA *PHOT*

Date:

12/12/17

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME ARIRANG		LOCATION (Address) MICRO-MALL FOOD COURT UNIT C-230 LOT 5047-1-2 NEW & 5013 -3 NEW	
INSPECTION DATE 12/12/17	SANITARY PERMIT NO. 170002841	PERMIT HOLDER WINSTAR, INC	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.		
20	OBSERVED PHF/TCS FOODS (RAW SHELLED EGGS, FISH, ETC) ABOVE 41°F. ALL PHF/TCS FOODS SHALL BE HELD AT 41°F AND BELOW FOR COLD HOLDING TO PREVENT THE RAPID GROWTH OF BACTERIA.	12/27/17
30	OBSERVED AMBIENT TEMPERATURE OF 60.5°F IN THE FOUR DOOR CHILLER CLOSEST TO THE SERVICE LINE ENTRANCE. ADEQUATE REFRIGERATED EQUIPMENT SHALL BE PROVIDED TO ENSURE FOODS ARE HELD AT PROPER TEMPERATURES. THE EQUIPMENT SHALL ALSO BE IN GOOD REPAIR.	1/12/18
33	METAL STEM-TYPE THERMOMETER NOT WORKING PROPERLY. BUILT-IN THERMOMETERS NOT WORKING PROPERLY IN THE FOUR DOOR CHILLER CLOSEST TO THE SERVICE LINE ENTRANCE. ALL THERMOMETERS SHALL BE ACCURATE AND MAINTAINED IN GOOD REPAIR TO ENSURE FOOD PRODUCTS ARE STORED AND MONITORED AT PROPER TEMPERATURES.	1/12/18
38	WIPING CLOTHS NOT STORED IN SANITIZER. WIPING CLOTHS SHALL BE STORED IN SANITIZER BETWEEN USES TO PREVENT THE SPREAD OF BACTERIA.	1/12/18
47	HOT WATER NOT PROVIDED FOR THREE COMPARTMENT SINK; CHEMICAL TEST STRIPS NOT PROVIDED. HOT WATER SHALL BE PROVIDED TO ENSURE UTENSILS ARE PROPERLY WASHED. CHEMICAL TEST STRIPS SHALL BE PROVIDED TO ENSURE SANITIZER IS AT THE PROPER STRENGTH.	1/12/18

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Person in Charge (Print and Sign) LOURDES D. PARAS	Date: 12/12/17
DEH Inspector (Print and Sign) T. SHIMIZU	Date: 12/12/17

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LOCATION (Address) MICRO/MIL FOODS/MEAT UNIT C-210
LOT 5047-1-2 NEW 3 5013 -3 NEW

INSPECTION DATE
12/12/17

SANITARY PERMIT NO.

PERMIT HOLDER
WINSTAR, NC

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

**CORRECT
BY DATE**

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

4

45

CHEMICAL TEST STRIPS NOT PROVIDED.

CHEMICAL TEST STRIPS SHALL BE PROVIDED TO ENSURE ~~WATER~~ IS SANITIZER IS AT THE PROPER STRENGTH.

1/12/18

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HAND SINK IN FRONT SERVICE AREA IS LEAKING AT THE DRAIN.

11218

ALL INSTALLED PLUMBING, SHALL BE IN GOOD REPAIR TO PREVENT
UNSANITARY CONDITIONS / ATTRACTION OF PESTS.

PHOTOS TAKEN -

"A" PACARD # 02487 REMOVED

"B" PLACARD # 00923 ISSUED.

PIC BRIEFED ON THE ABOVE.

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Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 12/17

Date: 12/12/15

Rev: 98-27.15

White: DPHSS/DEH

Yellow: Food Establishment

EPH 1